

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03096

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County St Marys
 City or town Leonardtown Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:
Leonardtown Maryland
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys
 City or town Leonardtown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

George Wilmer Delahay

3. (b) Social Security Number

577-09-4762

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Genevieve Leach
 7. Birth date of deceased (mo., day, yr.) March 6 - 1905
 6.(c) If alive, give age 42 years
 8. AGE: Years 42 Months _____ Days 16 If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1948 at 1:15 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 15 - 1948 to 3 22 48
 and that I last saw him alive on 3-20-48
 Immediate cause of death Pulmonary

DURATION

3 yrs

Due to Pulmonary (Hemorrhage)
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE G.P. Hummel M. D. or other _____
 Address Leonardtown Date signed 3-22-48

9. Birthplace Compton St Marys Maryland
 (Town, county, and state)
 10. Usual occupation Manager of store
 11. Industry or business same
 12. Name Frank Delahay
 13. Birthplace St Marys Co
 14. Maiden name See Delahay
 15. Birthplace St Marys Co
 16. Informant Mrs George W. Delahay
 Address Leonardtown Maryland
 17. Burial Date thereof March 24, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St Francis Xavier
 Location Compton Maryland
 18. Funeral director W. C. Mackinley Sons
 Address Leonardtown Maryland
 19. 3 123 / 48 Registrar
 (Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:

County St. Mary's
 City or town Burrhead
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 28 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County St. Mary's
 City or town Burrhead
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John Edward Elliot

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Rena E. G. Spithers7. Birth date of deceased (mo., day, yr.) 1868 6. (c) If alive, give age _____ years8. AGE: Years 80 Months - Days - If less than one day _____ hrs. _____ min.9. Birthplace Burrhead, St. Mary's Co. MD
(Town, county, and state)10. Usual occupation Painter

11. Industry or business

12. Name John Nelson Elliot13. Birthplace St. Mary's Co. MD14. Maiden name May Elizabeth15. Birthplace St. Mary's Co. MD16. Informant John Edward ElliotAddress Burrhead17. Burial Date thereof 3-10-48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Sacred HeartLocation Burrhead18. Funeral director McC. Matthews & SonsAddress Lin and Corn Sts19. 3-8-48 19 48 R. V. O. Johnson
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH 2-7- 19 48 at 11 a.m.

I CERTIFY that death occurred on the date above stated; that I attended deceased from

1-10- 19 42 to 2-22- 19 48and that I last saw him alive on 2-2- 19 48Immediate cause of death Cerebralapoplexy

DURATION

monthsDue to Pneumonia11-18-47Due to arteriosclerosisOther conditions Renal deficit

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Robert V. Palmer

M. D. or other

Address Burrhead Date signed 3-8-48

RECEIVED

MAR 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 286

1. PLACE OF DEATH:

County St. Mary's
 City or town Rural Clements
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 mos.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County St. Mary's
 City or town Rural Clements
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

May Elizabeth Hill

3. (b) Social Security Number

4. Sex female 5. Color or race W 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife James Hill 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) 2-15-1871
 8. AGE: Years 77 Months 1 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Wilmington Delaware
(Town, county, and state)10. Usual occupation housewife

11. Industry or business _____

12. Name within them is Patient13. Birthplace Wilmington - Delaware14. Maiden name May Elizabeth Hill15. Birthplace Delaware16. Informant Edward HillAddress Clements MD17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-22-48
(month) (day) (year)Cemetery or crematory St. Joseph'sLocation Wilmington18. Funeral director Thos. E. FralichAddress Chapline19. 3-22-48 19 48 Thos. E. Fralich
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22-48 19 48 at 4 a M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-21-48 to 3-22-48 19 48and that I last saw him alive on 3-21-48 19 48Immediate cause of death Cerebral apoplexyDue to PlacentaDue to Chronic renal disease

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Thos. E. Fralich M. D. or otherAddress Clements MD Date signed 3-22-48

RECEIVED

MAR 29 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03099

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County St. Mary's
City or town Rural Park Hall
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Lawrence Edward Somerville

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Black

6. (a) Single, married, widowed, or divorced

single

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

June - 3 - 1947

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

—913

hrs.

min.

9. Birthplace

Park Hall, Md.
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

FATHER
MOTHER

12. Name

David L. Somerville

13. Birthplace

Park Hall, Md.

14. Maiden name

Mary Daisy Penick

15. Birthplace

Park Hall, Md.

18. Informant

Daisy Somerville

Address

Park Hall, Md.

17.

(Burial, cremation, or removal, Which)

Date thereof

3-16-48
(month) (day) (year)

Cemetery or crematory

St. James

Location

St. James, Md.

18. Funeral director

Ernest Robinson

Address

Dameron, Md.

19.

3-16-48
(Date rec'd by registrar)

19.

48pp Barry, Md.
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary'sCity or town Rural Park Hall
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 19 48 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 9, 1948 to March 16, 1948and that I last saw in alive on March 16, 1948

Immediate cause of death

DURATION

Bronch pneumonia2 days

Due to

acute bronchitis1 week

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury

Injured at work?

23. SIGNATURE

pp Barry, Md.
M. D. or otherAddress Great Mills, Md. Date signed 3-16-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

03100

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St Marys
 City or town Park Hall Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Park Hall Maryland
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County St Marys
 City or town Park Hall
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Mary Elizabeth Somerville

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife James R. Somerville
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 6 - 1857
 8. AGE: Years 90 Months 11 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Park Hall St Marys Maryland
 (Town, county, and state)

10. Usual occupation house wife

11. Industry or business

12. Name John L. Collins
 13. Birthplace St Marys Co
 14. Maiden name Millie Collins
 15. Birthplace St Marys Co

16. Informant Sadie Hall

Address 67 Maryland St Lannat Lake

17. Burial Date thereof March 9 - 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fun Fair

Location Heamanville Maryland

18. Funeral director W C Mattingly Sons

Address Leonardtown Maryland

19. 3/8 48 Cauchlin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1948 at 7:00 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased am
Jan 30 1948 to Jan 30 1948
 and that I last saw him alive on Jan 30 1948

Immediate cause of death Arterio-sclerosis DURATION _____

Due to Senility

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Paul A. Cauchlin M. D. or other _____
Leonardtown Date signed 9/8/48

RECEIVED

MAR 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03101

Reg. Dist. No. 284

1. PLACE OF DEATH:

County ST. MARY'S
 City or town MECHANICSVILLE
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County ST. MARY'S
 City or town MECHANICSVILLE
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

THOMAS STEWART

3. (b) Social Security Number

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced WIDOWED

6. (b) Name of husband or wife Fannie Stewart

7. Birth date of deceased (mo., day, yr.) Aug 4 - 1871 6. (c) If alive, give age _____ years

8. AGE: Years 76 Months 7 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace MARYLAND
 (Town, county, and state)

10. Usual occupation NIGHT WATCHMAN

11. Industry or business _____

12. Name Alexander STEWART13. Birthplace ST MARYS CO MD14. Maiden name MARY YOUNG15. Birthplace ST MARYS CO MD16. Informant TERESA SPEARSAddress LEONARD TOWN MD

17. Burial Date thereof 3/12/48
 (Burial, cremation, or reposal. Which?) (month) (day) (year)

Cemetery or crematory St. IgnaceLocation New Market Rd18. Funeral director ShurmanAddress Highersville Md.19. MAR 13 1948 Eleanor S. Carter

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 MARCH 1948 at 12:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 MARCH 1948 to _____ 19____
 and that I last saw him alive on 12 MARCH 1948

Immediate cause of death CARDIAC FAILURE

Due to CORONARY THROMBOSIS
WITH HEART BLOCK

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

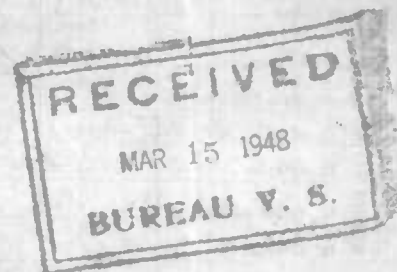
Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. Roy Luyther, M.D. M. D. or other

Address Mechanicville Md. Date signed 12 March, 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Marys
 City or town East Mills 284
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
East Mills Maryland
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County St. Marys
 City or town East Mills
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME

Leonard Cecil Strickland
 4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

STRICKLAND

3.(b) Social Security Number

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 2, 1936
 8. AGE: Years 11 Months 8 Days 22 If less than one day _____ hrs. _____ min.
 6.(c) If alive, give age _____ years

9. Birthplace

California St. Marys, Ind.
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Leonard Cecil Strickland
 13. Birthplace North Carolina
 14. Maiden name Kelen
 15. Birthplace Dorchester, Ind.

16. Informant Robert I. Strickland
 Address East Mills, Ind.

17. Burial Date thereof March 25, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Marys Cemetery

Location California Maryland

18. Funeral director W. C. Mattingly, Son

Address Leonardtown Maryland

19. 3/24 48 Calverley
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1948 at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to 3-23 1948

and that I last saw him alive on 3-23-48 19 _____

Immediate cause of death Broncho - P-Pneumonia DURATION 1 day

Due to Acute Respiratory Infection 3 days

Due to _____

Other conditions Generalized infantile

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Mr. H. Strickland M. D. or other _____

Address Leopington Park, Ind. Date signed 3-24-48

RECEIVED

MAR 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03103

Reg. Dist. No. 282

1. PLACE OF DEATH:

County ST. MARY'SCity or town GALES
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 Year

Hospital, institution, or street address where death occurred:

Charlotte Hall MD

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Mary'sCity or town Edie
(If outside city or town limits, write RURAL and give nearest town)Street No. Charlotte Hall

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary Ellen EN Thomas

3. (b) Social Security Number

4. Sex FEMALE 5. Color or race COLORED 6.(a) Single, married, widowed, or divorced MARRIED6.(b) Name of husband or wife John J. Thomas7. Birth date of deceased (mo., day, yr.) May - 17 - 19268. AGE: Years 21 Months 7 Days 25 If less than one day hrs. min.9. Birthplace Somerville St Mary's Maryland
(Town, county, and state)10. Usual occupation house wife11. Industry or business unknown12. Name unknown13. Birthplace St Mary's Maryland14. Maiden name Mary A. Somerville15. Birthplace St Mary's Maryland16. Informant John J. SomervilleAddress Somerville Maryland17. Burial Date thereof March 6-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St Joseph's cemeteryLocation Morgansville Maryland18. Funeral director W.C. Matthews SonsAddress Leonardtown MD19. 3/14 48 Caudealen
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1948 at 5 P. M.21. CERTIFY that death occurred on the date above stated; that I attended deceased from Dead when first seen.and that I last saw him alive on 19Immediate cause of death CardiacDue to liveDue to liveOther conditions acute ulcer of bowels

(Include pregnancy within 3 months of death)

Major findings of operations liveDate of op. liveAutopsy results live

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide live Date of live

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) liveMeans of injury live Injured at work?23. SIGNATURE Julian S. Law MD.Address Leonardtown Md. Date signed 3/11/48

RECEIVED

MAR 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03104

Reg. Dist. No. 282

1. PLACE OF DEATH: St. Mary's
 County Great Mills
 City or town Great Mills
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day
 Hospital, institution, or street address where death occurred:
 Now long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County St. Mary's
 City or town Great Mills
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. off Route 5
 (If rural, give LOCATION)
 2. (a) If veteran, name war no

3. (a) FULL NAME Roy Ignatius Woodland

3. (b) Social Security Number

none

4. Sex Male Color or race C 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife none

7. Birth date of deceased (mo., day, yr.) March 10, 1948 6. (c) If alive, give age 19 years

8. AGE: Years 0 Months 0 Days 1 If less than one day hrs. min.

9. Birthplace Great Mills
 (Town, county, and state)

10. Usual occupation none

11. Industry or business none

12. Name Roy Woodland

13. Birthplace Hughesville, Md.

14. Maiden name Alice Woodland

15. Birthplace Chaptico, Md.

16. Informant father

Address Great Mills, Md.

17. Burial Date thereof 3/11/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Mary's

Location Great Mills

18. Funeral director Roy Woodland

Address Great Mills, Md.

19. 3/11 48 Carmalin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 1948 at 1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from dead when first seen

and that I last saw him alive on 19

Immediate cause of death Pneumonia

Due to 1

Due to none

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide none Date of none

Where did injury occur? none (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) none

Means of injury none Injured at work? none

23. SIGNATURE Julia I. Sano M. D. or other MS

Address Hyattsville, Md. Date signed 3/11/48

RECEIVED

MAR 13 1948

BUREAU V. S.